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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| AUG 2 5 2014 |
| A. LUNT |
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Office Use Only



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| ON SERVICE COMPANY | |
|--|--|
| ACCOUNT NO. : I2000000195 | |
| REFERENCE : 268156 4330802 | |
| AUTHORIZATION Inelle Man | |
| COST LIMIT : \$ 160.00 | |
| ORDER DATE : August 22, 2014 | -3 22 Sancy 400 |
| ORDER TIME : 2:43 PM | |
| ORDER NO. : 268156-005 | 22 |
| CUSTOMER NO: 4330802 | |
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| NAME: MFBY OCALA LLC | |
| | |
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| XXXX QUALIFICATION (TYPE: LL) | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| XX CERTIFIED COPY PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING | |
| CONTACT PERSON: Courtney Williams EXT# 62935 | |

EXAMINER:

COVER LETTER

TO: Registration Section
Division of Corporations

MFBY Ocala LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

| Barbara Silberberg |
|------------------------------|
| Name of Person |
| RD Management LLC |
| Firm/Company |
| 810 Seventh Ave., 10th Floor |
| Address |
| New York, NY 10019 |
| City/State and Zip Code |
| stanzer@rdmanagement.com |

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara Silberberg

_{at} 212

265-6600, x278

Name of Contact Person

Area Code

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$125.00 Filing Fee

☐ \$130.00 Filing Fee & Certificate of Status

☐ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| 1 MFBY Ocala LLC | | | |
|--|---|---------------------|--------------------|
| (Name of Foreign Limited Liability Company; must inclu- | de "Limited Liability Company," "L.L.C.," or "LLC | C.") | |
| (If name unavailable, enter alternate name adopted for the purpose of tra | ansacting business in Florida. The alternate name m | ușt înclude | - Limited |
| Liability Company, L.L.C., or LEC. | | · · · · · | |
| 2. Delaware (Jurisdiction under the law of which foreign limited liability 3 | . 47-1631300 (FEI number, if applicable) | 65 20 | 100 100 100 100 |
| company is organized) | (I El number, il appricable) | | 2 : |
| 4 | | 1 1 11 | |
| (Date first transacted business in F (See sections 605.0904 & 605.0905, | lorida, if prior to registration.) F.S. to determine penalty liability) | ·41 - 1 | |
| 5. c/o RD Management LLC, 810 Se | eventh Ave., 10th Floor | , , , | ~ |
| New York, NY 10019 | | | |
| | of Principal Office) | | |
| 6. c/o RD Management LLC, 810 Se | venth Ave., 10th Floor | | <u>_</u> |
| New York, NY 10019 | | | |
| (Mailin | g Address) | | |
| 7. The name, title or capacity and address of the person | on(s) who has/have authority to manage | e is/are: | |
| Jay Furman, manager 810 Seventh Ave | e., 10th Floor, New York, NY 1001 | 9 | |
| Richard Birdoff, manager 810 Seventh | Ave., 10th Floor, New York, NY 1 | 0019 | |
| Charles Yassky, manager c/o Yassky Propi | erties, 424 Madison Ave., 8th Floor, New Yor | k, NY 100 | 017 |
| 8. Attached is an original certificate of existence, no m having custody of records in the jurisdiction under the acceptable. If the certificate is in a foreign language, a must be submitted) Signature of an (In accordance with section 605.0203, F.S., the execution of this document constituted in a document to the Department of the document to the Department of the Dep | law of which it is organized. (A photoc translation of the certificate under oath authorized person trutes an affirmation under the penalties of perjury that the | copy is n of the to | ot ranslator |
| Jay Fúrman, manage | | | |
| Typed or printed: | name of signee | | |

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

| 1. The name of the Limited Liab | ility Company is: | |
|---------------------------------------|--|-------------|
| MFBY Ocala LLC | | |
| If unavailable, the alternate to be | used in the state of Florida is: | |
| 2. The name and the Florida stree | et address of the registered agent and office are: | 22 |
| Corporation | on Service Company | 2014 7018 |
| · · · · · · · · · · · · · · · · · · · | (Name) | |
| 1201 Hay | s Street | 22 |
| Florid | a Street Address (P.O. Box NOT ACCEPTABLE) | |
| Tallahassee | FL 32301 | F 22 |
| | City/State/Zip | |

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate; I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

(Signature)

Amanda Winnington Assistant Vice President

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "MFBY OCALA LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE TWENTIETH DAY OF AUGUST, A.D. 2014.

5589259 8300

141089374

Jeffrey W. Bullock, Secretary of State
AUTHENTY CATION: 1635830

DATE: 08-20-14

You may verify this certificate online at corp.delaware.gov/authver.shtml